LINDENGROVE NEW BERLIN 13755 W FIELDPOINTE DR

NEW BERLIN	53151	Phone: (262) 796-366	0	Ownership:	Non-Profit Corporation
Operated from	1/1 To 12/31	Days of Operation	: 366	Highest Level License:	Skilled
Operate in Con	junction with H	ospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	ffed (12/31/04):	135	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity (12/31/04):	135	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31/	04:	129	Average Daily Census:	123

Services Provided to Non-Residents			Age, Gender, and Primary Diagnosis of Residents (12/31/04)						
No	Primary Diagnosis	*	Age Groups	%	Less Than 1 Year	41.1			
No						44.2			
No	Developmental Disabilities	0.8	Under 65	2.3	More Than 4 Years	14.7			
No	Mental Illness (Org./Psy)	34.1	65 - 74	3.9					
Yes	Mental Illness (Other)	7.0	75 - 84	30.2		100.0			
No	Alcohol & Other Drug Abuse	0.0	85 - 94	54.3	*********	*****			
No	Para-, Quadra-, Hemiplegic	0.8	95 & Over	9.3	Full-Time Equivalent				
Congregate Meals No		2.3			Nursing Staff per 100 Reside				
No	Fractures	4.7	İ	100.0	(12/31/04)				
No	Cardiovascular	17.1	65 & Over	97.7					
No	Cerebrovascular	11.6			RNs	14.2			
No	Diabetes	0.0	Gender	%	LPNs	9.0			
No	Respiratory	6.2			Nursing Assistants,				
ĺ	Other Medical Conditions	15.5	Male	22.5	Aides, & Orderlies	50.2			
No			Female	77.5					
ĺ		100.0	İ						
Developmentally Disabled Yes			j	100.0	İ				
	No No Yes No No No No No No No No No No No No No	No Primary Diagnosis No No Developmental Disabilities No Mental Illness (Org./Psy) Yes Mental Illness (Other) No Alcohol & Other Drug Abuse No Para-, Quadra-, Hemiplegic No Cancer No Fractures No Cardiovascular No Cerebrovascular No Diabetes No Respiratory Other Medical Conditions No	No	No	No	No			

Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)			Other		Private Pay		Family Care		Managed Care								
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	2	3.0	153	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.6
Skilled Care	21	100.0	391	61	92.4	131	0	0.0	0	40	100.0	207	0	0.0	0	2	100.0	486	124	96.1
Intermediate				2	3.0	109	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	1.5	193	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.8
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	21	100.0		66	100.0		0	0.0		40	100.0		0	0.0		2	100.0		129	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04										
					% Needing		Total					
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of					
Private Home/No Home Health	2.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	2.9	Bathing	0.8		59.7	39.5	129					
Other Nursing Homes	1.8	Dressing	3.9		61.2	34.9	129					
Acute Care Hospitals	92.0	Transferring	14.0		56.6	29.5	129					
Psych. HospMR/DD Facilities	0.0	Toilet Use	10.9		59.7	29.5	129					
Rehabilitation Hospitals	0.4	Eating	25.6		61.2	13.2	129					
Other Locations	0.4	*******	**************									
Total Number of Admissions	276	Continence		8	Special Treatme	ents	%					
Percent Discharges To:		Indwelling Or Extern	nal Catheter	7.0	Receiving Res	spiratory Care	8.5					
Private Home/No Home Health	25.4	Occ/Freq. Incontiner	nt of Bladder	65.9	Receiving Tra	acheostomy Care	0.0					
Private Home/With Home Health	18.8	Occ/Freq. Incontiner	nt of Bowel	44.2	Receiving Suc	ctioning	0.0					
Other Nursing Homes	3.3	į			Receiving Ost	comy Care	2.3					
Acute Care Hospitals	17.3	Mobility			Receiving Tub	oe Feeding	1.6					
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Med	chanically Altered Diets	43.4					
Rehabilitation Hospitals	0.0	į -			-	-						
Other Locations	13.6	Skin Care			Other Resident	Characteristics						
Deaths	21.7	With Pressure Sores		6.2	Have Advance	Directives	85.3					
Total Number of Discharges		With Rashes		3.1	Medications							
(Including Deaths)	272	İ			Receiving Psy	choactive Drugs	59.7					

	This	Other	Hospital-	All		
	Facility	Based F	acilities	Fac	ilties	
	8	8	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	91.1	91.7	0.99	88.8	1.03	
Current Residents from In-County	62.0	85.3	0.73	77.4	0.80	
Admissions from In-County, Still Residing	11.2	14.1	0.80	19.4	0.58	
Admissions/Average Daily Census	224.4	213.7	1.05	146.5	1.53	
Discharges/Average Daily Census	221.1	214.9	1.03	148.0	1.49	
Discharges To Private Residence/Average Daily Census	97.6	119.8	0.81	66.9	1.46	
Residents Receiving Skilled Care	97.7	96.2	1.01	89.9	1.09	
Residents Aged 65 and Older	97.7	90.7	1.08	87.9	1.11	
Title 19 (Medicaid) Funded Residents	51.2	66.8	0.77	66.1	0.77	
Private Pay Funded Residents	31.0	22.6	1.37	20.6	1.51	
Developmentally Disabled Residents	0.8	1.4	0.57	6.0	0.13	
Mentally Ill Residents	41.1	32.7	1.26	33.6	1.22	
General Medical Service Residents	15.5	22.0	0.70	21.1	0.74	
Impaired ADL (Mean)*	59.5	49.1	1.21	49.4	1.21	
Psychological Problems	59.7	53.5	1.12	57.7	1.03	
Nursing Care Required (Mean)*	8.1	7.4	1.10	7.4	1.10	